

**FCC Mail Room** 

9462 Osmo Street, Kaleva, Michigan 49645 (231) 362-3111

#### **REDACTED - FOR PUBLIC INSPECTION**

October 11, 2013

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

RE:

WC Docket No. 10-90, WC Docket No. 11-42

2013 ETC Annual Report of Kaleva Telephone Company Study Area Code 310703

Dear Ms. Dortch:

Attached are the confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. We seek confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

∬on Cribbs President

**Enclosed** 

No. of Copies rec'd\_\_\_\_\_( List ABCDE

## REDACTED - FOR PUBLIC INSPECTION

THE PERSON NAMED IN COLUMN	m 481 - Carrier Annual Reporting Hection Form		FCC Form 481 OMB Control No. July 2013	3060-0986/ON/8 Control No. 3060-0813
<010>	Study Area Code	310703		
<015>	Study Area Name	KALEVA TEL CO		Received & Inspected
<020>	Program Year	2014		ост з 0 2013
<030>	Contact Name: Person USAC should contact with questions about this data	JACK C. SCHAEFER		FCC Mail Room
<035>	Contact Telephone Number: Number of the person identified in data line <	231-362-3 <b>111</b> 030>		
<039>	Contact Email Address: Email of the person identified in data line <03	jcschaefer@kalte )>	lnet.net	
ANNUA	E REPORTING FOR ALL CARRIERS			54.313 55.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	ox if no outages to repor	(complete attached worksheet)	/ /
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice), Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	0	(attach descriptive document)  (attach descriptive document)	✓
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (v Fixed 0.0 Mobile Number of Complaints per 1,000 customers (b Fixed Mobile			
<500> <510> <600> <610> <700> <710> <800> <1000> <1010> <1110> <1110>	Service Quality Standards & Consumer Protect Functionality in Emergency Situations  Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability  Terrestrial Backhaul (Y/N)?  Terms and Condition for Lifeline Customers  Price Cap Carriers, Proceed to Price Cap Additional Condition of the Cap Additional Capabolic Cap Capabolic Cap Additional Capabolic Cap Capabolic Capab	) tional Documentation W		
<2000> <2005>	Including Rate-of-Return Carriers affiliated wi	tn Price Cap Local Exchan	ge Carriers (check to indicate certification) (complete attached worksheet)	· / / / / / / / / / / / / / / / / / / /
<3000> <3005>		tional Documentation W	Vorksheet (check to indicate certification) (complete attached worksheet)	V

200	ervice Quality Improvement Reporting	FEC Form 481. OMB Control No. 3060-0986	
Data Co		July 2013	COMB CONTOL NO. 3060-0819
			连机模型的NAME (4) ACCO (
<010>	Study Area Code		
<015>	Study Area Name KALEVA TEL CO		
<020>	Program Year 2014		
<030>	Contact Name - Person USAC should contact regarding this data  JACK C. SCH	EFER	
<035>	Contact Telephone Number - Number of person identified in data line <030> 231-362-3	11	
<039>	Contact Email Address - Email Address of person identified in data line <030> jcschaefe	r@kaltelnet.net	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <b>O</b>	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <b>O</b>	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is CETC which only receives frozen support, your progress report is only required to address voice telephony service.	a	
		Name of Attached Document (.pdf)	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	name of Actached Document (.pur)	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

	rice Outage Reporting (Voice)		FCC Form 481: OMB Control No. 3060-0986/OMB	Control No. 2000 0910
h≓A Cidh	ethor sorm		льу 2013	CONTROL NO. 3060-0819
<010>	Study Area Code	310703		
<015>	Study Area Name	KALEVA TEL CO		
<020>	Program Year	2014	<u> </u>	
<030>	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER		
<035>	Contact Telephone Number - Number of person identified in data line	2 <030> 231-362-3111		
<039>	Contact Email Address - Email Address of person identified in data lin	e<030> jcschaefer@kaltelnet.net		

<220>

> .	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>&gt;</d>	<e></e>	· <f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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	oc Offerings including Voice Rate Data		3060-0385/OMR Control No. 3060-0819
<010>	Study Area Code	310703	·
<015>	Study Area Name	KALEVA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER	
<035>	Contact Telephone Number - Number of person identified in data line <030>	231-362-3111	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcschaefer@kaltelnet.net	
<701>	Residential Local Service Charge Effective Date 1/1/2013		

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	 <b3> State Subscriber Line Charge</b3>	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and F
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(710) Broadba	and Price Offerings		FCC Form 481
lace.	on Form		OMB Control No. 3060 0986/OMB Control No. 3060 0819 July 2013
The state of the s			
<010> Stud	dy Area Code		310703
<015> Stud	dy Area Name		KALEVA TEL CO
<020> Prog	gram Year		2014
<030> Cont	ntact Name - Person USAC should co	ontact regarding this data	JACK C. SCHAEFER
<035> Cont	ntact Telephone Number - Number	of person identified in data line <	030> 231-362-3111
<039> Cont	ntact Email Address - Email Address	of person identified in data line <	c030> jcschaefer@kaltelnet.net

11>	<a1></a1>	<a2></a2>	<b1></b1>	        	(KC>	<d1></d1>	2d25	<d3></d3>	<d4></d4>
	State	· Exchange (ILEC)	Resid <b>ential Ra</b> te	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadban <b>d Service</b> - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
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	erating Companies				
MADES OF THE REAL PROPERTY.	lection Form				ECC Form 483 CMB Control No. 3050-0986 /OMB Control No. 3060-08.
	A COLONIA COLO				July 2013
<010>	Study Area Code		310703		
<015>	Study Area Name		KALEVA TEL CO		
<020>	Program Year		2014		
<030>		USAC should contact regarding this data	JACK C. SCHAEFER		
<035>		ber - Number of person identified in data line			
<039>	Contact Email Address -	Email Address of person identified in data line	<030> jcschaefer@kal	telnet.net	
<810>	Reporting Carrier	KALEVA TELEPHONE COMPANY			
<811>	Holding Company	KALTELCO INC.			
<812>	Operating Company				
			,		
<813>		<a1></a1>	48.2	<a2></a2>	<93>
		Affiliates		SAC	Doing Business As Company or Brand Designation
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(900) Tril	oal Lands Reporting			Mechenin 48		7.据书46国	
Cuta Col	· · · · · · · · · · · · · · · · · · ·		The second for the control of the second for the second se	Ot 4P Contro	No. 3000	-0926/OMB (	Control No. 3060-0819
		and the second second	risajes. Na održivija i prijesti i prijesti prijesti i	July 2013	1046	THE STATE OF THE S	All Landing
		210702					
<010>	Study Area Code	310703					
<015>	Study Area Name	KALEVA TEL:	<u>CO</u>				
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding this data	JACK C. SC	HARRER				
<035>	Contact Telephone Number - Number of person identified in data lin		162-3111	·			
<039>	Contact Email Address - Email Address of person identified in data lin	C 10001	haefer@kaltelnet.net				
10337	Contact Enformations Enformations of person (activities in outcome	, , , , , , , , , , , , , , , , , , , ,					
<910>	Tribal Land(s) on which ETC Serves						•
<920>	Tribal Government Engagement Obligation						
			Name of Attached Document (.pdf	)			
	If your company serves Tribal lands, please select (Yes,No, NA) for						
	each these boxes to confirm the status described on the attached					4	
	PDF, on line 920, demonstrates coordination with the Tribal						
	government pursuant to § 54.313(a)(9) includes:			•			
		Select	٦				
		(Yes,No,					
		NA)	·				
<921 <b>&gt;</b>	Needs assessment and deployment planning with a focus on Tribal		1			•	
	community anchor institutions;	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
<922>	Felicipality and sustainability planning;						
<923>	Marketing services in a culturally sensitive manner;		1				
<924>	Compliance with Rights of way processes	÷,	1				
<925>	Compliance with Land Use permitting requirements		1				
<926>	Compliance with Facilities Siting rules		1 .				
<927>	Compliance with Environmental Review processes		1				,
<928>	Compliance with Cultural Preservation review processes		1				
<929>	Compliance with Tribal Business and Licensing requirements.		1				
\J2J/	compliance with tribal business and ticensing requirements.	L	٠.				

outen.	o Terrestrial Backhaul Reporting ection Form	FCC Form 481
<010>	Study Area Code	310703
<015>	Study Area Name	KALEVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER
<035>	Contact Telephone Number - Number of person identified in data line <030>	231-362-3111
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcschaefer@kaltelnet.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

11200) To	erms and Condition for Lifeline Customers			FCC Form 481	
Lifeline		organis Albaras		OMB Control No. 3060-0986/QMB Control No.	3066-0819
Interest	ection Form	articles.		July 2013	
<010>	Study Area Code		310703		
- 015>	Study Area Name		KALEVA TEL CO	-	
<020>	Program Year		2014		
<030>	Contact Name - Person USAC should contact regarding this data		JACK C. SCHAEFER		
<035>	Contact Telephone Number - Number of person identified in data li	ine <030	)> 231-362-3111		
<039>	Contact Email Address - Email Address of person identified in data	line <03	0> jcschaefer@kaltelnet.net		
			•		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			•	
			Name of attached document (.pdf)		
<1220>	Link to Public Website	HTTP_	www.kaltelnet.net		
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:				
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,				
<1222>	Details on the number of minutes provided as part of the plan,		1		
<1223>	Additional charges for toll calls, and rates for each such plan.				
			P)		

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<b>建建筑工作</b>	rice Cap: Carrier Additional Documentation	<b>建筑业和制造的制造的基件</b>			
	lection Form				50-0986/OMB/Control No.: 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carrier	<b>3</b> 及中的主义,即是10年,1940年,1940年,1940年		Luly 2013	The Call Market and the Call
<010>	Study Area Code	310703			
<015>	Study Area Name	KALEVA TEL CO			
<020>	Program Year	2014			
<030%	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER			
<035>	Contact Telephone Number - Number of person identified in data line <030				
<039>	Contact Email Address - Email Address of person identified in data line <03	0> jcschaefer@kaltelnet.net	· · · · · · · · · · · · · · · · · · ·		
	support as set forth in 47 CFR § 54.313(b),(c),(	d),(e) the information reported on	this form and in the documents attach	ed below is accurate.	
-2010-	Incremental Connect America Phase I reporting			F==	•
<2010> <2011>	2nd Year Certification {47 CFR § 54.313(b)(1)} 3rd Year Certification {47 CFR § 54.313(b)(2)}			<b>  </b>	
\2011>	310 Teal Certification (47 CFR § 34.313(b)(2))				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312)	a)}			
<2012>	2013 Frozen Support Certification	- <b>n</b>		F-7	
<2013>	2014 Frozen Support Certification				
<2014>	2015 Frozen Support Certification		\$	<del></del>	
<2015>	2016 and future Frozen Support Certification				
				<del></del>	
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Ponentine (47 CED & E4 212/-)				
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification			<b></b>	
~2U1/2	ara year broadband service cerunication				

Name of Attached Document Listing Required Information

<2018>

<2019>

<2020>

<2021>

5th year Broadband Service Certification

service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband

Interim Progress Certification

THE POST OF	in Telephone Commencer of Commencer of the Commencer	The property of the second		
(3000) Ra	ate Of Return Carrier Additional Docume	entation A 1		FCCForm481
Data Coll	ection Form			OMB Control No. 3050-0986/OMB Control No. 30
				3di, 2013
- <010>	Study Area Code	310703		
<015 -	The state of the s	KALEVA TEI	_ co	
11 J. T. V.	Programme and Programme Carl and use some		C. SCHAEFER	
	Committee ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	and the section of party that I state		
		the majority and sets the fit by	575 - 775 3 250 - 375 - 3461 - Her5	
CHECK t	•			compliance with the financial reporting requirements set forth in 47
	CFR	9 54.313(1)(2). I turtner certify that th	e information reported on this form and in the documents attach	ed below is accurate.
	Progress Report on 5 Year Plan			
(3010)	Milestone Certification (47 CFR § 54.313(f)		Name of Attached Document Listing Required Information	
	Please check this box to confirm that the a			<u> </u>
(3011)	contains the required information pursuan recipient of CAF Phase II support shall prov			
(3011)	addresses of community anchor institution			
	access to broadband service in the precedi	ing calendar year.	•	
(3012)	Community Anchor Institutions (47 CFR § 5	54 313(f)(1)(ii)}	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carr			✓ (Yes/No)
(3014)	If yes, does your company file the RUS ann			(Yes/No)
	Please check these boxes to confirm that to contains the required information pursuan	· · · · · · · · · · · · · · · · · · ·		
	requires:	10 to 3 0 110 10 (1)(2) 00 (1)(1)		
(3015)	Electronic copy of their annual RUS reports	s (Operating Report for		
(3016)	Telecommunications Borrowers)	and Statement of Cook Flours	·	
(3016)	PDF of Balance Sheet, Income Statement a			
(3017)	If the response is yes on line 3014, attach y report and all required documentation	your company's KUS annual	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your o	company audited?	- ,	(Yes/No)
	If the response is yes on line 3018, please of	check the boxes below to		
	confirm your submission, on line 3026 pur	suant to § 54.313(f)(2), contains		
(2010)	: Either a copy of their audited financial stat:	ement; or (2) a financial report		
(3019)	in a format comparable to RUS Operating F			,
(5020)	PDF of Balance Sheet, Income Statement a	nd Statement of Cash Flows		
,3011)	Management attendssued by the independ	dent certified public accountant		
120221	tnat performed the company's financial au	ıdit.		
	If the response is no on line 3018, please of			
	to confirm your submission, on line 3026 p contains:	oursuant to § 54.313(f)(2),		
	Copy of their financial statement which has			
(3022)	independent certified public accountant; o			_
	format comparable to RUS Operating Repo Borrowers,	or, for rejecommunications		
(3023)	Underlying information subjected to a revi	ew by an independent certified		
(3024)	public accountant Underlying information subjected to an off	ficer certification		
(3025)	PDF of Balance Sheet, Income Statement a			
	·		Name of Attached Document Listing Required Information	Kaleva 2012 Review Report Confidential
(3026)	Attach the worksheet listing required infor	matro/i	name of Attached pocument cisting required information	

#### **REDACTED - FOR PUBLIC INSPECTION**

Certification Reports Data Collection Form	g Carrier FCC Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-
<010> Study Area 3	ie 310703
<015> Study Area ?	KALEVA TEL CO
<020> Program Yes	2014
<030> Contact N	Ferran USAC should contact regarding this data JACK C. SCHAEFER
<035> Contact	one lumber - Number of person identified in data line <030> 231-362-3111
<039> Contact	Adds - Email Address of person identified in data line <030> jcschaefer@kaltelnet.net
I certify that I am an exceptions; and, to the	Cartification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients  of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities and accuracy of the annual reporting carrier; my responsibilities and accuracy of the annual reporting carrier; my responsibilities and accuracy of the annual reporting carrier; my responsibilities and accuracy of the annual reporting carrier; my responsibilities and accuracy of the annual reporting carrie
Name of Reporting Care	FALEVA TEL CO
Signature of Authorize	CERTIFIED ONLINE Date
Printed name of Author	ed on cer:
Title or position of A	isear (ficer:
Telephone nomber	© n. · d Officer:
Study Area Code of Rei	Filing Due Date for this form: 1577 History
Persons with div	eg Dise statements on this form can be punished by fine or forfeiture under the Communications Act of 1964, and 5 100, §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

900	On-Agent / Carrier ection Form	ICC Form 481 CIUB Control No. 3060-0986/OMB Control No. 3060-0819 Dry 2013
<010>	Study Aréa Code	310703
<015>	Study Area Same	KALEVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC sho	uld contact regarding this data JACK C. SCHAEFER
<035>	Contact is option stumber - Nur	nber of person identified in data line <030> 231-362-3111
<039>	Contact Fer all Adversess - Email Ad	dress of person identified in data line <030> jcschaefer@kaltelnet.net

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

also certify the second	Agent: yelfice of the repeating carrier; my responsibilities include ensition in showledge, the reports and data provided to the authorize	iring the accuracy of the anno-	Information reported on behalf of the reporting carrier, that reporting requirements provided to the authorized
Name of Authorized -	eat		
Name of Reporting Co.	Per: MALEVA TEL 10		
Signature of Austonia	Officer: CERTIFIED ONLINE		Date:
Printed name of Auth-	red <b>O</b> fficer:		_
Title or position of Au-	oriz <b>ed</b> ( Picer:		
Telep <b>hone n</b> ur			
Study Area Co.	eting effort 20 in 1985 Due t	Date for this form: 10/15/2::	

#### TO BE COMPETEE BY THE AUTHORIZED AGENT:

	entification of Agent Authorized to File Annual Reports for CAF or LI Recipies	on Bet-   f of Reporting carrier
, as <b>agent fo</b> r the c	roug carrier, certify that I <b>am aut</b> horized to submit the annual reports for universal service support and has a rounded by the reporting carrier; and, to the best of my knowledge, the information	Signits a sobalf of the repeating carrier; I have provided reported significance in is accurate.
Name of Reporting	avi KALEDA TEL CO	
Name of Authorica	nt or Linguis of Agent:	
ature of A	eger megweekt kenni "ETIFINI of 198	Date
ted name	se <b>d A</b> grading Employees of Agents	
litle <b>or positi</b> o	prized (2) has or Empire (3) of Agens	
elephone num	Charles ( Apent or Free Byee of Apent)	
cturdy Area Con-	ting ther: <10703 File & Due Date for this form: 16/15	
Perso:	A Company of the Comp	-, 47 U.: 502, 503(b), or to conimprisonment under Title

### **REDACTED - FOR PUBLIC INSPECTION**

Attachments

# ${\bf REDACTED-FOR\ PUBLIC\ INSPECTION}$

# KALEVA TELEPHONE COMPANY (SAC 310703) ATTACHEMENT – LINE 3026 ATTACHEMENT REDACTED IN ENTIRETY